

MEDICAL EXAMINER CERTIFICATE

40-1504A R04/14 azdot.gov

Driver Name (first, middle, last, suffix)					
I certify that I have examined this driver in accordance with the I (49 CFR 391.41-391.49) and with the knowledge of the driving of		Safety Regu	ılation	s	
I find this person is qualified; and, if applicable, only when:					
☐ Wearing corrective lenses					
☐ Wearing a hearing aid					
☐ Accompanied by a waiver/exemption					
☐ Driving within an exempt intracity zone					
☐ Qualified by operation of 49 CFR 391.64					
☐ Accompanied by a Skill Performance Evaluation Certificate	e (SPE)				
The information I provided regarding this physical examination is tr (with any attachments) embodies my findings completely and correct Medical Examiner Name (print)			ination	n form	
Medical Examiner Signature	Date of Exam	This Medical C	ertificat	e Expires	
☐ MD ☐ DO ☐ Chiropractor ☐ Physician's Assistant ☐ Registered No. Medical License or Certificate Number	urse Practitioner	Phone			
		()			
Driver Address	City		State	Zip	
Driver License Number State					
Driver Signature					